

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">10/030562</div>	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								51
2								52
3								53
4								54
5								55
6								56
7								57
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40								90
41								91
42								92
43								93
44								94
45								95
46								96
47								97
48								98
49								99
50								100
TOTAL								TOTAL
TOTAL DEP.								TOTAL DEP.
TOTAL CLAIMS								TOTAL CLAIMS